

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

34305  
State File No. 9637  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)  
In this community

## 3. (a) PRINT FULL NAME

**KASPER JENNI**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Nov. 3rd 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 0 0 hr. min.

9. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name Abraham Jenni  
13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Jenni

(b) Address 4320 Ellenwood

17. (a) burial (b) Date thereof 11-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director J. L. Ziegenhein

(b) Address 7027 Gravois Ave.

19. (a) NOV 5 1948 (b) J. H. Lavater  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4320 Ellenwood  
(If rural, give location)  
(e) Citizen of foreign country? 15 (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd  
year 1948 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from 10/2/48  
to Nov. 3rd, 19 48  
that I last saw him alive on Nov. 3rd, 19 48  
and that death occurred on the date and hour stated above.

Immediate cause of death

hematogenic carcinoma unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Frank J. Katter (M. D. or other)  
Address 1515 Lafayette Date signed 11/3/48

*W. G. Peterson*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *W. G. Peterson*  
Licensed Embalmer No. *3767*  
P. O. Address *7027 Gravois*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**